



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

CORDELL HULL BUILDING, THIRD FLOOR
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

PHIL BREDESEN
GOVERNOR

VIRGINIA TROTTER BETTS, MSN, JD, RN, FAAN
COMMISSIONER

MEMORANDUM

TO: Philip M. DeBusk, Legislative Liaison
Performance Audit, division of State Audit

FROM: Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner
Department of Mental Health and Developmental Disabilities

DATE: September 17, 2009

RE: Sunset Hearing Review

Attached please find the Questions and Responses with attachments on the Interstate Compact on Mental Health. These have been requested by the Joint Subcommittee of the Government Operations Committee in preparation for a hearing on September 23, 2009. The information for the Council on Children's Mental Health Care has already been forwarded to you.

We look forward to presenting at the hearing. If you have questions or need further information, please contact Marthagem Whitlock, Assistant Commissioner of Policy and Legislation at 615/532-6744.

Attachments

cc: Linda O'Neal
TCCY

SUNSET REVIEW PROCESS
INTERSTATE COMPACT TRANSFER REPORT
September 10, 2009

1. Provide a brief introduction to the compact, including information about its purpose, requirements, and the state officials involved.

ANSWER:

The purpose of this compact and of the party states is to provide the necessary legal basis for the transfer of mentally ill patients from a state-operated facility in one state to a state-operated facility in another state. It provides for the institutionalization or other appropriate care and treatment of the mentally ill under a system that recognizes the paramount importance of patient welfare and to establish the responsibilities of the party states in terms of such welfare. The party states find that the proper and expeditious treatment of the mentally ill can be facilitated by cooperative action, to the benefit of the patients, their families and society as a whole.

Any patient may be transferred to an institution in another state whenever there are factors based upon clinical determinations indicating that the care and treatment of the patient would be facilitated or improved thereby. If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state have reason to believe that aftercare in another state would be in the best interest of the patient and would not jeopardize the public safety, they may request the appropriate authorities in the receiving state to investigate the desirability of affording the patient such aftercare in the receiving state, and such investigation will be made with all reasonable speed. Requests for transfers of persons in federal prisons and medical centers are also reviewed. However, TN does not accept transfers of persons on conditional release, so it is rare for a federal transfer to be approved.

Each state participating in the compact designates an Interstate Compact Transfer Coordinator that receives and processes requests. Most states have a designee to represent a state department for mental health and another to represent a department for developmental disabilities.

2. What other states have entered into the compact with Tennessee?

ANSWER:

All states except Arizona, California, Nevada, Mississippi, Virginia and Washington are members of the compact.

3. Provide a list of member states with which Tennessee currently has supplementary agreements as authorized by Section 33-9-203, *Tennessee Code Annotated*, and describe the nature of those agreements.

submitted by Ardana Foxx
9.10.2009

ANSWER:

Tennessee does not have any supplemental agreements with other states relative to the Interstate Compact.

4. Have any party states withdrawn from the compact or filed notice of their intentions to withdraw under the provisions of Article XIII? If so, which states and what were their stated reasons for withdrawing?

ANSWER:

No states have withdrawn from the compact in the past two years. The states listed above are the only ones who never entered or withdrew from the compact. Several non-member states do cooperate with and facilitate transfers across state lines through designated contact persons, essentially following the ICT process.

5. Section 33-9-902, *Tennessee Code Annotated*, designates the Commissioner of Mental Health and Developmental Disabilities as compact administrator. What are the administrator's duties and responsibilities under the compact and to whom, if anyone, has the commissioner delegated those duties and responsibilities?

ANSWER:

The responsibilities for the compact administrator have been delegated to Ardana Miller-Foxx, who serves as the current Interstate Compact Transfer Coordinator. The responsibilities are to receive and review requests for appropriateness according to the intent of the Interstate Compact Transfer Program. Requests for transfer to Tennessee are then forwarded to the appropriate regional mental health institute for clinical review. Requests for transfers from a RMHI to another state are sent to the ICT Coordinator in the other state. Every consideration is given to the patient in order to transfer them to a Tennessee hospital if it is in their best interest. This also includes requests from U.S. Federal Prisons and Medical Centers.

6. Please provide a comparative listing of mental health patients transferred into and transferred out of Tennessee during fiscal years 2008 and 2009. Please state how many were transferred to or from mental health institutions and how many were transferred to or from other community programs. How were actual and incidental costs of those transfers handled?

ANSWER:

See attached FY 2008 and FY 2009 Reports on Interstate Compact Transfers for Tennessee. Costs are the responsibility of the sending state.

7. Please provide a comparative listing of developmentally disabled patients transferred into and transferred out of Tennessee during fiscal years 2008 and 2009. Please state how many

submitted by Ardana Foxx
9.10.2009

were transferred to or from developmental centers and how many were transferred to or from community programs. How were actual and incidental costs of those transfers handled?

ANSWER:

TDMHDD does not coordinate transfers of developmentally disabled residents to or from Tennessee. Please contact DIDS (Division of Intellectual Disabilities Services) for this information.

8. Do the member states' compact administrators meet periodically? If so, how often have they met during fiscal years 2008 and 2009? What states were represented at these meetings? Are minutes kept? If so, by whom.

ANSWER:

Member states meet annually at a conference for ICT Coordinators at various locations throughout the U.S. Due to budgetary constraints, the 2008 and 2009 conferences were canceled. Meetings are coordinated by NASMHPD (National Association of State Mental Health Program Directors) and held in conjunction with the NASMHPD legal division. The following states were represented at the 2007 conference: New York, North Carolina, West Virginia, Minnesota, Kentucky, Georgia, Texas, Alabama, New York, Pennsylvania, and Arkansas. Minutes are maintained and distributed by the designated secretary.

9. How is the compact funded? What were the compact's revenues (by source) and expenditures (by object) for fiscal years 2008 and 2009? What is the cost to Tennessee for the state to participate in the compact and what types of expenses are involved?

ANSWER:

There were no revenues from the compact transfer program. Expenses are generally related to transportation costs. Costs incurred by TN for one of the transfers for FY '08 were an airline charge for \$1,293.40 for the patient and a Psychiatric Technician and a taxi charge of \$30.00 to/from the airport to the facility. Costs for the other FY '08 transfer were \$97.80 for vehicle rental and \$238.13 for staff costs associated with transporting the patient.

10. What reports are prepared in conjunction with the operations and activities of the compact, and who receives the reports? Describe any reports and attach copies of any reports issued during fiscal years 2008 and 2009.

ANSWER:

See attached FY 2008 and FY 2009 Reports on Interstate Compact Transfers Reports submitted to Director of Hospital Services, TDMHDD.

submitted by Ardana Foxx
9.10.2009

11. What rules have been promulgated regarding compact activities as authorized by Article X(b)? Please cite the reference.

ANSWER:

No rules have been promulgated regarding compact activities as authorized by Article X(b).

12. Describe any items related to the compact that require legislative attention and your proposed legislative changes.

ANSWER:

There are no items related to the compact that require legislative attention.

13. Should Tennessee continue its participation in the compact? What are the advantages and disadvantages of continued participation? How would Tennessee's failure to participate in the compact affect the public health, safety, or welfare?

ANSWER:

Tennessee should continue participation in the compact to facilitate communication to other states relative to persons with mental illness who may leave and enter the state and require appropriate mental health care and treatment. The advantages are more effective communication and care for these persons, to assist with reuniting these persons with their families and support systems; to provide a centralized office or administrator to assist in identifying lost persons with mental illness. Disadvantages are processing time required for reviews, addressing differences between states in terms of commitment laws and costs associated with transporting patients to other states.

Tennessee's failure to participate in the compact could hinder collaborative efforts with other states to provide support, appropriate and meaningful care for Tennessee's mentally ill residents who end up in other states. It could also mean lack of effective communication and knowledge relative to mental health policies and procedures for transferring persons across state lines.

14. Please list all compact programs or activities that receive federal financial assistance, and therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

ANSWER:

No compact programs or activities receive federal financial assistance.

(QUESTIONS 15-21 DO NOT APPLY TO TDMHDD)

22. Please list all compact contracts, detailing each contractor, the services provided, the amount of the contract, the ethnicity of the contractor/business owner.

ANSWER:

There are no contracts between the TDMHDD and outside providers relative to the Interstate Compact Transfer Program.

23. Describe how the compact or the state administrator ensures that minorities are included in needs assessments or any other discussions regarding program needs.

ANSWER:

All transfer requests are considered and reviewed without regard to race, gender, religion, creed, handicap or other population.

Mental Health Interstate Transfer Requests Report for FY 08 & 09

	July 1, 2007- June 2008		July 1, 2008 - June 2009
<u>Number of Requests:</u>			
Initiated by TN	6		2
Received from other states	3		3
<u>How many from other states did TN:</u>			
Accept	0		2
Deny	3		1
<u>How many from TN did other states:</u>			
Accept	2		0
Deny	4		1
Pending			1
<u>Number of Requests to TN from the Federal Bureau of Prisons:</u>			
Referred	7		1
Accepted	0		0